



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masini

Serial No.: 10/706,570

Group No.:

Filed: Nov. 12, 2003

Examiner:

For: INVERTIBLE WOUND DRESSINGS AND METHOD OF MAKING THE SAME

PRELIMINARY AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination, please amend the above-referenced application as follows:

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. MHM-00307/29		
Applicant(s): Masini					
Serial No. 10/706,570	Filing Date Nov. 12, 2003	Examiner	Group Art Unit		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> RECEIVED DEC 05 2003 PATENT & TRADEMARK OFFICE </div> <div> INVENTION: INVERTIBLE WOUND DRESSINGS AND METHOD OF MAKING THE SAME </div> </div>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; align-items: center;"> <div> J hn G. Posa Reg. No. 37,424 Gifford, Krass, Groh et al 280 N. Old Woodward Ave., Suite 400 Birmingham, MI 48009 Tel. 734/913-9300 </div> </div>			Dated: December 3, 2003		
CC:			I certify that this document and fee is being deposited on 12-3-03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			Sheryl L. Hammer Signature of Person Mailing Correspondence		
			Sheryl L. Hammer Typed or Printed Name of Person Mailing Correspondence		